

GRAYS NURSING HOME, INC.

555 NORTH CHESTNUT STREET

PLATTEVILLE 53818

Phone: (608) 349-6741

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 20

Total Licensed Bed Capacity (12/31/02): 20

Number of Residents on 12/31/02: 18

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 18

Corporation

Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%	
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Home Health Care	No	Primary Diagnosis		%	Age Groups		%	Less Than 1 Year	50.0
Supp. Home Care-Personal Care	No	-----			-----			1 - 4 Years	33.3
Supp. Home Care-Household Services	No	Developmental Disabilities		0.0	Under 65		0.0	More Than 4 Years	16.7
Day Services	No	Mental Illness (Org./Psy)		38.9	65 - 74		5.6	-----	
Respite Care	No	Mental Illness (Other)		0.0	75 - 84		22.2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse		0.0	85 - 94		66.7	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		5.6	95 & Over		5.6	Full-Time Equivalent	
Congregate Meals	No	Cancer		0.0	-----			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures		5.6	100.0			(12/31/02)	
Other Meals	No	Cardiovascular		27.8	65 & Over		100.0	-----	
Transportation	No	Cerebrovascular		0.0	-----			RNs	10.9
Referral Service	No	Diabetes		16.7	Sex		%	LPNs	20.5
Other Services	No	Respiratory		5.6	-----			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions		0.0	Male		0.0	Aides, & Orderlies	
Mentally Ill	No	-----			Female		100.0		
Provide Day Programming for		100.0			-----				
Developmentally Disabled	No				100.0				

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## Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	140		119	11	100.0	119	0	0.0	0	6	100.0	124	0	0.0	0	0	0.0	0	18	100.0
Intermediate	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0				11	100.0		0	0.0		6	100.0		0	0.0		0	0.0		18	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			
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Percent Admissions from:		Activities of	%	% Needing Assistance of One Or Two Staff	Total Number of Residents
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent		
Private Home/With Home Health	6.7	Bathing	0.0	72.2	18
Other Nursing Homes	3.3	Dressing	27.8	50.0	18
Acute Care Hospitals	76.7	Transferring	27.8	44.4	18
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	22.2	44.4	18
Rehabilitation Hospitals	3.3	Eating	0.0	83.3	16.7
Other Locations	3.3	*****			
Total Number of Admissions	30	Continence	%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care	5.6
Private Home/No Home Health	25.8	Occ/Freq. Incontinent of Bladder	55.6	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	35.5	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning	0.0
Other Nursing Homes	3.2			Receiving Ostomy Care	11.1
Acute Care Hospitals	3.2	Mobility		Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	38.9
Rehabilitation Hospitals	0.0				
Other Locations	0.0	Skin Care		Other Resident Characteristics	
Deaths	32.3	With Pressure Sores	5.6	Have Advance Directives	94.4
Total Number of Discharges		With Rashes	0.0	Medications	
(Including Deaths)	31			Receiving Psychoactive Drugs	50.0

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	85.1	1.06	84.2	1.07	86.7	1.04	85.1	1.06
Current Residents from In-County	94.4	75.4	1.25	68.6	1.38	69.3	1.36	76.6	1.23
Admissions from In-County, Still Residing	26.7	20.1	1.33	21.5	1.24	22.5	1.19	20.3	1.31
Admissions/Average Daily Census	166.7	138.3	1.20	123.5	1.35	102.9	1.62	133.4	1.25
Discharges/Average Daily Census	172.2	139.7	1.23	128.3	1.34	105.2	1.64	135.3	1.27
Discharges To Private Residence/Average Daily Census	105.6	57.6	1.83	35.5	2.97	40.9	2.58	56.6	1.87
Residents Receiving Skilled Care	100	94.3	1.06	78.6	1.27	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	100	95.0	1.05	91.8	1.09	93.6	1.07	87.7	1.14
Title 19 (Medicaid) Funded Residents	61.1	64.9	0.94	52.2	1.17	69.0	0.89	67.5	0.91
Private Pay Funded Residents	33.3	20.4	1.63	39.0	0.85	21.2	1.57	21.0	1.58
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	38.9	30.3	1.28	35.8	1.08	37.8	1.03	33.3	1.17
General Medical Service Residents	0.0	23.6	0.00	11.9	0.00	22.3	0.00	20.5	0.00
Impaired ADL (Mean)	56.7	48.6	1.17	56.7	1.00	47.5	1.19	49.3	1.15
Psychological Problems	50.0	55.2	0.91	52.8	0.95	56.9	0.88	54.0	0.93
Nursing Care Required (Mean)	7.6	6.6	1.15	5.6	1.37	6.8	1.12	7.2	1.06